

# Shelby County Health Department Animal Bite/Exposure Form

Case # \_\_\_\_\_ Report Date: \_\_\_\_\_ Investigator: \_\_\_\_\_

Report Recipient: \_\_\_\_\_ Date Received by Investigator: \_\_\_\_\_

## Report Information

Reporter's First Name: \_\_\_\_\_ Reporter's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Victim Information

Victim's First Name: \_\_\_\_\_ Victim's Last Name: \_\_\_\_\_

Victim's Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_ Guardian's Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Exposure Information

Exposure Date: \_\_\_\_\_ Exposure Time: \_\_\_\_\_ Exposure Address: \_\_\_\_\_

Exposure Location on Body \_\_\_\_\_ Severity: \_\_\_\_\_

Provoked? \_\_\_\_\_ If yes, how? \_\_\_\_\_

## Animal Information

Type of Animal: \_\_\_\_\_ Other Animal: \_\_\_\_\_ Status of Animal: \_\_\_\_\_

Description: \_\_\_\_\_

Owner's First Name: \_\_\_\_\_ Owner's Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Disposition: \_\_\_\_\_ Where Confined? \_\_\_\_\_

## Treatment

Treatment Date: \_\_\_\_\_ Treated By: \_\_\_\_\_ Treatment: Wound Care ☐

Antibiotics ☐

Physician Seen? \_\_\_\_\_ Phone number: \_\_\_\_\_ Tetanus ☐

HRIG ☐

Rabies Vaccine ☐

Physician First Name: \_\_\_\_\_ Physician's Last Name: \_\_\_\_\_

Pre-anti-Rabies treatment given? \_\_\_\_\_ If yes, when? \_\_\_\_\_

## Health Department Recommendations

Animal healthy; Rabies Vaccine not indicated ☐ Prophylaxis not recommended based on circumstances ☐

Animal negative for Rabies; Vaccine not indicated ☐ Rabies prophylaxis is recommended ☐



